

Appendix S1. Physical Urticaria severity Index

Please read the following questions carefully and then mark your response with an ☐ in the ☐.

1. **What were the worst problems ever caused by your _____?**
(*dermatographism, cold urticaria, delayed pressure urticaria, cholinergic urticaria, local heat urticaria, vibratory urticaria/angioedema, solar urticaria, aquagenic urticaria*)
 - ☐ hives, redness or itching (1 point)
 - ☐ deep swelling of the skin or mucous membranes / angioedema (e.g. eyes, lips, tongue) (2 points)
 - ☐ circulatory complaints / dizziness or difficulty swallowing / difficulty breathing, nausea, vomiting, abdominal pain (3 points)
 - ☐ unconsciousness / shock (4 points)
2. **When your urticaria is at it's worst: In which season did this occur?**
 - ☐ Infrequent, no relationship to season (1 point)
 - ☐ Winter only, ☐ Summer only, ☐ Spring only, ☐ Fall only (1 point)
 - ☐ two or three seasons (2 points)
 - ☐ During all seasons (means all year round)
3. **What is the maximum treatment that your urticaria has needed?**
 - ☐ No treatment, I can avoid the trigger (1 point)
 - ☐ Antihistamines, either on demand or used continuously as prevention (2 points)
 - ☐ I needed to use my emergency medicine (EpiPen or hydrocortisone) then followed up for observation in the emergency department (3 points)
 - ☐ I needed my emergency medicine and needed additional treatment by the emergency room physician (4 points)
4. **How often do you have hives?**
 - ☐ I do not have urticaria; it is controlled by avoidance and / or medications
 - ☐ rarely, about 1-2 times a month (1 point)
 - ☐ Occasionally, about once a week (2 points)
 - ☐ Often, several times a week (3 points)
 - ☐ Daily or almost daily (4 points)